

216021792
100476

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

| | | | | | | |
|--|--|--|---|---|--|---|
| 2 | Total Number of Vehicles | Local No./ District 104 | Agency Case No. B6-047238 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 |
| A/1 01 | DATE OF ACCIDENT | M M / D D / Y Y Y Y 05/29/2016 | | S M T W TH F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | STATE USE ONLY 05/30/2016 |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | TIME OF ACCIDENT 1300 | POLICE NOTIFIED 1301 | |
| B | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. HILLSIDE | | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| C 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | | |
| D 2 | IF AT INTERSECTION | | | IF NOT AT INTERSECTION | | |
| NAME OF INTERSECTING ROADWAY | | | <input checked="" type="radio"/> FEET <input type="radio"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | |
| | | | 85.00 | | X | S 44TH |
| V1/M 14 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| V2/M 20 | MILES | N S E W | AND MILES | N S E W | OF NEAREST CITY OR TOWN | |
| E 1 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| VEHICLE NO. 1 | | | | | | |
| F 1 | DRIVER LICENSE NO. | G02172541 | | | STATE (Of License) | NE |
| V1/N 1 | DRIVER | SCOTT E NELSON | | | PHONE | LOCAL NO. |
| V2/N 1 | DRIVER ADDRESS | CITY, STATE, ZIP 2863 WASHINGTON ST, LINCOLN, NE 68502 | | | DATE OF BIRTH (MM / DD / YYYY) | 04/15/1965 |
| G 1 | OWNER | SCOTT E NELSON | | | PHONE | LOCAL NO. |
| H 5 | OWNER ADDRESS | CITY, STATE, ZIP 2863 WASHINGTON, LINCOLN, NE | | | CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO | CITATION NO. LB518263 |
| V1/O 1 | LICENSE PLATE | PA NO. TGX707 | YEAR 1997 | MAKE Toyota | MODEL LIM | BODY STYLE Compact Utility |
| V2/O 1 | VEHICLE | 1997 | Toyota | LIM | Compact Utility | black |
| I 1 | VEHICLE ID NO. (VIN) | JT3HN87R9V0112508 | | | INSURANCE COMPANY | PROGRESSIVE |
| J 01 | TOWED TO | TOWED BY | | | POLICY NO. | 903063390 |
| VEHICLE NO. 2 | | | | | | |
| V1/P 1 | DRIVER LICENSE NO. | | | | STATE (Of License) | |
| V2/P 8 | DRIVER | PARKED UNATTENDED | | | PHONE | LOCAL NO. |
| K 01 | DRIVER ADDRESS | CITY, STATE, ZIP | | | DATE OF BIRTH (MM / DD / YYYY) | |
| L 4 | OWNER | BARRIE J HARRIS / ADAM KUHN (6-23-84) | | | PHONE | LOCAL NO. |
| M 01 | OWNER ADDRESS | CITY, STATE, ZIP 4416 HILLSIDE ST, LINCOLN, NE 68506 | | | CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO | CITATION NO. |
| N 3 | LICENSE PLATE | TE NO. SLC228 | YEAR 2004 | MAKE Chevrolet | MODEL SK1 | BODY STYLE Pickup truck |
| O 01 | VEHICLE | 2004 | Chevrolet | SK1 | Pickup truck | gray |
| P 01 | VEHICLE ID NO. (VIN) | 1GCEK19ZX4Z283323 | | | INSURANCE COMPANY | EMPLOYERS MUTUAL CAS. CO. |
| Q 01 | TOWED TO | TOWED BY | | | POLICY NO. | 79A-96-60 |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | | | |
| VEH. # | NAME | ADDRESS | | | DATE OF BIRTH (MM / DD / YYYY) | 1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F |
| VEH. # | NAME | ADDRESS | | | DATE OF BIRTH (MM / DD / YYYY) | 1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F |
| VEH. # | NAME | ADDRESS | | | DATE OF BIRTH (MM / DD / YYYY) | 1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F |
| VEH. # | NAME | ADDRESS | | | DATE OF BIRTH (MM / DD / YYYY) | 1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F |

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



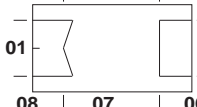
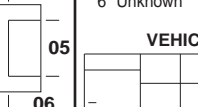
APOI
85' 1" E/E CURB s. 44TH
7' 3" S/N CURB HILL ST

HILL SIDE ST

TO S. 44TH ST.

Not To Scale

On 5-29-16, d1 was involved in a two veh. property damage accident on Hillside East of S. 44th in which he struck a parked veh. in which veh. 1 sustained approx. \$1000 and veh. 2 sustained approx. \$1500 damage. Driver 2 states he was e/b on Hillside when he wasn't paying attention and struck parked unattended veh. 1. Witness 1 states he observed the accident. Driver 1 was cited and released.

| | | | | | |
|--|---|--|---------|---|--|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME TREVEN FRICKE 4400 HILLSIDE, LINCOLN, NE | | | | PHONE 402-278-1082 |
| | NAME | | | | PHONE |
| VEHICLE MOVEMENT BEFORE COLLISION | | POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i> | | AIRBAG DEPLOYED VEHICLE 1 | RESTRAINT USE VEHICLE 1 |
| VEH NO. | N S E W | ROAD OR HIGHWAY NAME | | VEH 1 | VEH 2 |
| 1 | X | HILLSIDE | | 4 | 2 |
| 2 | X | HILLSIDE | | 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown | 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown |
| 1 | 01 | 06 Turning left 07 Making U-turn | | POINT OF IMPACT 08 | POINT OF IMPACT 07 |
| 2 | 10 | 08 Entering traffic lane | | POINT OF IMPACT 08 | POINT OF IMPACT 07 |
| 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right | | 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown | | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 02 03 04  01 08 07 06 </div> <div style="text-align: center;"> 05  </div> </div> | |
| OFFICER NO. 1403 | | TROOP/ TEAM/ BEAT SW | | DEPARTMENT Lincoln Police Department | |
| INVESTIGATOR NAME <i>(Print or Type)</i> Travis Amen | | | | INVESTIGATOR SIGNATURE Approved by Officer Travis Amen | |
| DATE OF REPORT 05/30/2016 | | | | APPROX. COST OF DAMAGE \$ | |